

VOUCHER FOR PURCHASES IN
SERVICES OTHER THAN PERSONAL

D. O. Vou. No.

Bu. Vou. No.

416

U. S.

COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No.

To

(Payee)

(Address)

(City)

(State)

PAID BY	
SAPC	7611
COPY	1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				5,506.	95

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$ 5,506.95

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATINTL

(Sign original only)

Differences

Date

STATINTL

(Signature or initials)

Per

Title

Amount verified; correct for

(Signature or initials)

5,506.95

Contract No.

Date

Req. No.

Date

Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

By

By

SIGN
ORIGINAL
ONLY

Title

Title

Date

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATINTL

STATINTL

STATINTL

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
Cash, \$ _____, on _____, 19____, Payee _____ { favor of payee named above.

(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name as well as the name of the person signing the voucher must be written. "John Doe Company, Secretary, Treasurer, as the case may be."
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title

MEMORANDUM

U. S. _____ **COST REIMBURSABLE** _____ Sheet No. _____ of Bureau Voucher No. 416
(Department, bureau, or establishment)

STATINTL

☐ CHECK REGISTER

CHARGE DISTRIBUTION CLEARING LIST

☐ **DETAIL DIRECT DISTRIBUTION**☐ **DETAIL INDIRECT DISTRIBUTION**☐ SUMMARY DIRECT POSTING JOURNAL

**SUMMARY INDIRECT POSTING JOURNAL
FOR OPERATING DIVISIONS**

ACCOUNT

☐ SUMMARY INDIRECT POST
FOR NON-OPERATING DIV

OK 8773

FORM NO. 1421 THE SYANDARD REGISTER CO. - PACIFIC DIVISION OAKLAND LOS ANGELES

ITS PAID

☐ CONSOLIDATED DISTRIBUTION REPORT
☐ ADJUSTMENTS

9/9

DATE

1

PAGE

ING JOURNAL
IONS

REPORT NO.

RECEIVING REPORT NUMBER	C.I. CODE	CHARGE DISTRIBUTION				DISTRIBUTION AMOUNT
		ACCOUNT	M.J.O.	S. O.	WORK ORDER	
11082	5	12700	3041	1		6088
11671	5	12700	3041	1		123330
						129458
						129458
						129458
		12700	3041	2		1550
						1550
						1550
						1550
10117	5	12700	3041	2		3074
11170	5	12700	3041	2		71000
						43666
						332800
						682800
	5	12700	3041	4		156
						156
						156
						156
Total w/e 9/9/60						199504 ✓